ARATION and POWER OF ATORNEY

ATTORNEY'S DOCKET NO .: **PHNL000705 US**

As a below named inventor, hereby declare that:

My residence post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "Method and system for providing a user profile"

the :	specification	of which	(check	one)

is attached hereto.

 $\overline{\mathbb{X}}$ was filed on 11 December 2001 as Application Serial No. 10/014,183

(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by the amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37,

Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

COUNTRY	APP. NUMBER	DATE OF FILING (DATE, MONTH, YEAR)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
Europe	00204508.6	14 December 2000	YES

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1,56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

PRIOR UNITED STATES APPLICATION(S)

APPLICATION SERIAL NUMBER	FILING DATE	STATUS (PATENTED, PENDING, ABANDONED)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E.Marion, Reg. No. 32.266 Edward M. Blocker, Reg. No. 30,245

SEND CORRESPONDENCE TO: Corporate Patent Counsel;	DIRECT TELEPHONE CALLS TO:
U.S. Philips Corporation; 580 white Plains Road;	(name and telephone No.)
Tarrytown, NY 10591	(914) 332-0222

Dated: 18 Janua	ry 2002	Inventor's Signature: Q au	idme Vieges Comado.	
Full Name of in	Last Name CONRADO	First Name Claudine	Middle Name Viegas	
Residence & Citizenship	City Eindhoven	State of Foreign Country The Netherlands	Country of Citizenship Brazil	
Post Office Address	Street Prof. Holstlaan 6	City 5656 AA Eindhoven	State of Country The Netherlands	Zip Code
Dated: 18 Janua	ry 2002	Inventor's Signature:	Some Kotela	
Full Name of in	Last Name	First Name	Middle Name	
Inventor	KABALA	Joanna	Elżbieta	
Residence &	City	State of Foreign Country	Country of Citizenship	
Citizenship	Eindhoven	The Netherlands	Poland	· · · · · · · · · · · · · · · · · · ·
Post Office Address	Street Emmasingel 24	City 5611 AZ	State of Country	Zip Code
	Prof. Holstlaan 6	5656.AA Eindhoven	The Netherlands	

gu

M

Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name	First Name	Middle Name	
	VAN OVERVELD	Cornelius	Wilhelmus Antonius Marie	
Residence &	City	State or Foreign Country	Country of Citizenship	
Citizenship	Eindhoven	The Netherlands	The Netherlands	
Post Office Address	Street Serlioweg 14	City 5624 KA Eindhoven	State or Country The Netherlands	Zip Code
Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name	First Name	Middle Name	
T dir Marrie of inventor	Last Hame	T work trained		
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Street	City	State or Country	Zip Code
Dated:	<u> </u>	Inventor's Signature:		
Full Name of Inventor	Last Name	First Name	Middle Name	-
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Street	City	State or Country	Zip Code
Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Street	City	State or Country	Zip Code
Dated:	<u> </u>	Inventor's Signature:		•
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country or Citizenship	
Post Office Address	Street	City	State or Country	Zip Code

ATTORNEY'S DOCKET NO .: PHNL000705 US

As a below named inventor thereby declare that:

My residence, post-office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "Method and system for providing a user profile"

inculou and system for	providing a	400. p. 0
the specification of which	(check one)	

				ere	

is attached in	oroto.				
X was filed on	11 Decemb	er 2001	as Application Serial No.	10/014/183	and was amended on
_			 -		المام ما المصالح المالية المام المصالح المام المام المام المالية المام المالية المالية المالية المالية المالية

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as

amended by the amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

COUNTRY	APP. NUMBER	DATE OF FILING (DATE, MONTH, YEAR)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
Europe	00204508.6	14 December 2000	YES

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1,56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

PRIOR UNITED STATES APPLICATION(S)

APPLICATION SERIAL NUMBER	FILING DATE	STATUS (PATENTED, PENDING, ABANDONED)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor. I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E.Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245

SEND CORRESPONDENCE TO: Corporate Patent Counsel;	DIRECT TELEPHONE CALLS TO:
U.S. Philips Corporation; 580 white Plains Road;	(name and telephone No.)
Tarrytown, NY 10591	(914) 332-0222

Dated:		Inventor's Signature:		
Full Name of in	Last Name CONRADO	First Name Claudine	Middle Name Viegas	
Residence & Citizenship	City Eindhoven	State of Foreign Country The Netherlands	Country of Citizenship Brazil	
Post Office Address	Street Prof. Holstlaan 6	City 5656 AA Eindhoven	State of Country The Netherlands	Zip Code
Dated:		Inventor's Signature:		
Full Name of in	Last Name KABALA	First Name Joanna	Middle Name	
Residence & Citizenship	City Eindhoven	State of Foreign Country The Netherlands	Country of Citizenship Poland	
Post Office Address	Street Prof. Holstlaan 6	City 5656 AA Eindhoven	State of Country The Netherlands	Zip Code

	2	2/2	PHNL000705 U	
• • • • • • • • • • • • • • • • • • • •		212		
Dated:		Inventor's Signature:		
11 Janua	ry 2002	IW		
Full Name of Inventor	Last Name VAN OVERVELD	First Name Cornelius	Middle Name Wilhelmus Antonius Marie	
Residence & Citizenship	City Eindhoven	State or Foreign Country The Netherlands	Country of Citizenship The Netherlands	
Post Office Address	Street Serlioweg 14	City 5624 KA Eindhoven	State or Country Zip Code The Netherlands	
Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Street	City	State or Country Zip Code	
Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name	First Name Middle Name		
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Street	City	State or Country Zip Code	
Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name	First Name Middle Name		
Residence & Citizenship	City	State or Foreign Country Country of Citizenship		
Post Office Address	Street	City	State or Country Zip Code	
Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name	First Name Middle Name		
Residence & Citizenship	City	State or Foreign Country	Country or Citizenship	
Post Office Address	Street	City	State or Country Zip Code	